AMENDMENT TRANSMITTAL LETTER (Small Entity)						Docket No. SUZ0027-US
Applica	ant(s): YOS	HIAKI SATO				
	cation No. 568,352	<b>Filing Date</b> 02/14/2006	Examiner ABYANEH, SHILA	Customer No. 36183	Group Art Unit 4135	Confirmation No 3363
		LE STRENGTH INC CLE STRENGTH IN			RESSION PRESSUI	RE CONTROL
			COMMISSIONE	R FOR PATENTS:		
Transm	itted herewit	h is an amendment in	the above-identified	l application.		
The fee	has been ca	lculated and is transmi	tted as shown belov	v.		
			CLAIMS A	S AMENDED		
		CLAIMS REMAINING	HIGHEST#	NUMBER EXTRA		ADDITIONAL
		AFTER AMENDMENT	PREV. PAID FOR	CLAIMS PRESENT	RATE	FEE
TOTAL CLAIMS		13 -	21 =	0	X \$ 26.00	\$0.00
INDEP. C	LAIMS	5 -	5 ==	0	X \$110.00	\$0.00
Multiple Dependent Claims (check if applicable)						\$0.00
				DITIONAL FEE FOR	THIS AMENDMENT	\$0.00
N N	No addition	and foo is required for a	mendment			
	No additional fee is required for amendment.  Please charge Deposit Account No.  in amount of					
	* * * * * * * * * * * * * * * * * * *					
	A check in the amount of to cover the filing fee is enclosed.  The Director is hereby authorized to charge payment of the following fees associated with this communication of					
$\boxtimes$	credit any overpayment to Deposit Account No. 50-2613					
	⊠ An	y additional filing fees	required under 37	C.F.R. 1.16.		
	⊠ An	y patent application pr	ocessing fees under	37 CFR 1.17.	1	
	Payment by credit card. Form PTO-2038					
-		G: Information on the Provide credit card i			D-2038	ıld not be include (
		Signature				
MICHAEL BEDNAREK REG. NO. 32,329 Paul, Hastings, Janofsky & Walker LLP 875 15th Street, N.W. Washington, DC 20005				I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on (Date)		
				(Date)		
ł				Signature of Person Mailing Correspondence		
cc:				Typed or Printed N	Name of Person Mailing	Correspondence